

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2							52								
3		2					53								
4		2					54								
5		1					55								
6							56								
7		2					57								
8		2					58								
9	1						59								
10							60								
11							61								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	10						TOTAL DEP.								
TOTAL CLAIMS	13						TOTAL CLAIMS								